Appendix C: Survey of Professional Development Activities

<u>Note</u>: Following is the Survey of Professional Development Activities for the intervention teachers. It asks teachers to report on all professional development activities they participated in during the reporting period, excluding CASL. The survey for the control teachers is exactly the same, except without the warnings not to include any CASL activities.

OMB No. 0000-0000 Expiration Date: xx/xx/xxxx



Classroom Assessment FOR Student Learning Study

Survey of Professional Development Activities

Occurring from July 1, 2007 through October XX, 2007

| Please provide the information below, then click N | ext to enter the log. | |
|--|-----------------------|---|
| First name: | | |
| Last name: | | |
| School name: | | |
| | | |
| | | |
| | | I |
| | | • |

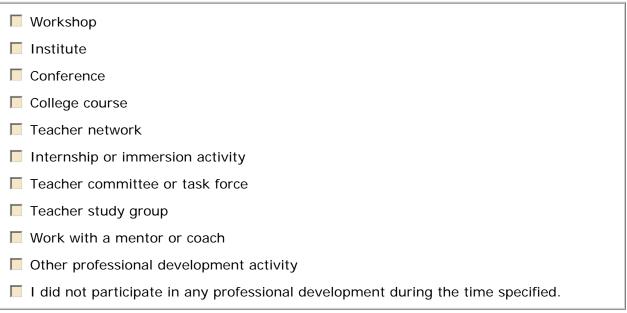
The U.S. Department of Education wants to protect the privacy of individuals who participate in surveys. Your answers will be combined with other surveys, and no one will know how you answered the questions. This survey is authorized by law (1) Sections 171(b) and 173 of the Education Sciences Reform Act of 2002, Pub. L. 107-279 (2002); and (2) Section 9601 of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind (NCLB) Act of 2001 (Pub. L. 107-110). Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 10 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Sandra Garcia, Institute of Education Sciences, 555 New Jersey Avenue, S.W., Room 506C, Washington, D.C. 20208-4651.



Survey of Professional Development Activities

1. Did you participate in any of the following professional development activities any time from July 1 to Oct. XX, OTHER THAN YOUR WORK ON CASL?



This log was adapted from the Teacher Activity Survey as published in Designing Effective Professional Development: Lessons from the Eisenhower Program, U.S. Department of Education, Office of the Under Secretary, Planning and Evaluation Service, Washington, D.C., 1999.





Activity A

A1. Please give the name of the professional development activity you participated in during the time period of July 1-Oct. XX that you feel impacted your practice the most, EXCLUDING YOUR WORK ON CASL.

Count a program of on-going professional development that took place on different dates over several weeks or months, such as a summer institute with follow-up workshops or an on-going teacher study group, as ONE professional development activity.

| A2. Have | you report | d on this activit | y in a | previous I | og entry? |
|----------|------------|-------------------|--------|------------|-----------|
|----------|------------|-------------------|--------|------------|-----------|

- Yes
- No
- I don't remember



Activity A continued

Science

| A3. Please briefly describe the topic and purpose of this acti | vity. |
|---|--|
| | |
| | |
| | |
| | |
| | |
| A4 Over what period of time was /is the activity appead inc | unding the main estivity and any formal preliminary or follow. |
| up sessions? (Check one response.) | uding the main activity and any formal preliminary or follow- |
| Less than one day | |
| One day | |
| Two to four days | |
| | |
| A week | |
| Two to three weeks | |
| A month | |
| Two to six months | |
| Seven months to a year | |
| More than a year | |
| | |
| | |
| A5. As part of this activity, did you meet regularly, over the educators to discuss and reflect on the material being learned | |
| | eu r |
| • Yes | |
| ○ No | |
| | |
| A6. Which subject area(s) did the activity cover? (Check all | that apply) |
| A. Willon Subject area(3) and the activity cover: (check all | mat appris.) |
| Math | |

| Reading | |
|---|--|
| ☐ Writing | |
| ☐ Social studies | |
| ☐ Health related | |
| Activity was not specific to any one subject area | |
| Other subject(s) (please specify:) | |





Activity A continued

| How much emphasis did the activity give to |
|---|
| A7. Curriculum (e.g., units, textbooks, standards)? |
| No emphasis Minor emphasis Major emphasis |
| |
| A8. Working with content standards (e.g., understanding, unpacking, simplifying, aligning instruction to standards)? |
| ○ No emphasis |
| |
| A9. Instructional methods? |
| No emphasis Minor emphasis Major emphasis |
| |
| A10. Increasing student involvement in learning? |
| No emphasis Minor emphasis Major emphasis |
| |
| A11. Formative assessments (e.g., developing, selecting, and using assessment in the classroom)? |
| ○ No emphasis ○ Minor emphasis ○ Major emphasis |
| |
| A12. Communicating assessment results to students? |
| ○ No emphasis ○ Minor emphasis ○ Major emphasis |
| |
| A13. Using assessment results to guide instruction (i.e., to make adjustments in instructional strategies or lesson plans)? |
| No emphasis Minor emphasis Major emphasis |
| |

| O No emphasis O Minor emphasis O Major emphasis | |
|--|-------------|
| A15. Strategies for teaching diverse student populations (e.g., students with disabilities, from under populations, economically disadvantaged, range of abilities)? | represented |
| No emphasis Minor emphasis Major emphasis | |
| A16. Leadership development? | |
| O No emphasis O Minor emphasis O Major emphasis | |
| A17. State-wide assessment or standardized testing? | |
| One of the second of the secon | |
| A18. Other (please describe) | |
| No emphasis | |
| | |
| Next > | eListe |

Activity A continued

Good

| how many hours were you engaged in this activity overall? Round your an | swer to the nearest whole hour. |
|--|---|
| | |
| A20. Please indicate if you engaged in any of the following during this acti | vity (check all that apply). |
| ☐ Had someone observe and provide feedback on your teaching | |
| ☐ Presented material or instructed others | |
| Lead a discussion | |
| | |
| A21. Have you discussed or shared what you learned with others in your s | chool who did NOT attend the activity? |
| © Yes | |
| © No | |
| | |
| A22. Was this activity consistent with your own goals for your professiona | I development? |
| © Yes | |
| ○ No | |
| | |
| A23. Was this activity aligned with state content standards? | |
| © Yes | |
| © No | |
| | |
| A24. Please rate the overall quality of the activity, including the main activ | vity and any preliminary activities or formal |
| follow-up sessions. | |
| © Excellent | |

A19. Between July 1 and Oct. xx, including the main activity and any preliminary activities or formal follow-up sessions,



A25. Please indicate the degree of impact you expect the activity to have on your classroom practices.













Activity B

2. Did you participate in any other professional development activities from July 1 - Oct. xx, EXCLUDING YOUR WORK ON CASL?

Examples of professional development activities include:

- -Workshop
- -Institute
- -Conference
- -College course
- -Teacher network
- -Internship or immersion activity
- -Teacher committee or task force
- -Teacher study group
- -Work with a mentor or coach
- -Any other professional development activity





Activity B

B1. Please give the name of the professional development activity you participated in during the time period of July 1-Oct. XX that you feel impacted your practice the SECOND most, EXCLUDING YOUR WORK ON CASL.

Count a program of on-going professional development that took place on different dates over several weeks or months, such as a summer institute with follow-up workshops or an on-going teacher study group, as ONE professional development activity.

| B2. Have | you rep | orted on | this activit | y in a | previous | log entr | y? |
|----------|---------|----------|--------------|--------|----------|----------|-----------|
|----------|---------|----------|--------------|--------|----------|----------|-----------|

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|-----|
| 163 |









Activity B continued

Science

| B3. Please briefly describe | the topic and purpose of this activity. |
|--|---|
| | |
| | |
| B4. Over what period of tin up sessions? (Check one re | ne was/is the activity spread, including the main activity and any formal preliminary or follow-sponse.) |
| Less than one day | |
| One day | |
| Two to four days | |
| C A week | |
| Two to three weeks | |
| A month | |
| Two to six months | |
| Seven months to a year | |
| More than a year | |
| | |
| | did you meet regularly, over the course of several weeks or months, with a group of effect on the material being learned? |
| | |
| © No | |
| D4 Which outliest area(s) | did the estivity sever? (Check all that apply) |
| bo. which subject area(s) | did the activity cover? (Check all that apply.) |
| ■ Math | |

| Reading | |
|---|--|
| ☐ Writing | |
| ☐ Social studies | |
| ☐ Health related | |
| Activity was not specific to any one subject area | |
| Other subject(s) (please specify:) | |





Activity B continued

| How much emphasis did the activity give to |
|---|
| B7. Curriculum (e.g., units, textbooks, standards)? |
| O No emphasis O Minor emphasis O Major emphasis |
| B8. Working with content standards (e.g., understanding, unpacking, simplifying, aligning instruction to standards)? |
| O No emphasis O Minor emphasis O Major emphasis |
| B9. Instructional methods? |
| O No emphasis O Minor emphasis O Major emphasis |
| AB0. Increasing student involvement in learning? |
| No emphasis Minor emphasis Major emphasis |
| B11. Formative assessments (e.g., developing, selecting, and using assessment in the classroom)? |
| O No emphasis O Minor emphasis O Major emphasis |
| B12. Communicating assessment results to students? |
| O No emphasis O Minor emphasis O Major emphasis |
| B13. Using assessment results to guide instruction (i.e., to make adjustments in instructional strategies or lesson plans)? |
| No emphasis |
| |

B14. Use of technology in instruction (e.g., computers, graphing calculators)?

| ○ No emphasis ○ Minor emphasis ○ Major emphasis | |
|--|----------|
| | |
| 315. Strategies for teaching diverse student populations (e.g., students with disabilities, from underrep opulations, economically disadvantaged, range of abilities)? | resented |
| No emphasis Minor emphasis Major emphasis | |
| 14. Landarahin dayalan manta | |
| 16. Leadership development? | |
| No emphasis Minor emphasis Major emphasis | |
| 317. State-wide assessment or standardized testing? | ı |
| ○ No emphasis ○ Minor emphasis ○ Major emphasis | |
| | 1 |
| 18. Other (please describe) | |
| | |
| | ı |
| O No emphasis O Minor emphasis O Major emphasis | |
| | ı |
| | |



Activity B continued

| P20 Please indicate if you | engaged in any of the following | during this potivity (| obook all that apply) |
|--|-------------------------------------|------------------------|---|
| Had someone observe and | d provide feedback on your teaching | | спеск ан тпат арргу). |
| Presented material or inst | ructed others | | |
| Lead a discussion | | | |
| B21. Have you discussed or Yes | shared what you learned with o | others in your school | who did NOT attend the activity? |
| O No | | | |
| B22. Was this activity consi Yes No | stent with your own goals for y | our professional deve | elopment? |
| B23. Was this activity aligno | ed with state content standards | ? | |
| • Yes | | | |
| © No | | | |
| | | | |
| B24. Please rate the overall follow-up sessions. | quality of the activity, including | g the main activity ar | nd any preliminary activities or formal |
| © Excellent | | | |
| ○ Good | | | |

B19. Between July 1 and Oct. xx, including the main activity and any preliminary activities or formal follow-up sessions,

how many hours were you engaged in this activity overall? Round your answer to the nearest whole hour.

| 0 | Fair |
|---|------|
| 0 | Poor |
| | |

B25. Please indicate the degree of impact you expect the activity to have on your classroom practices.







None





Thank you for completing the Survey of Professional Development Activities!

Click the Finish button below to submit your survey entry.

Finish

